



PTO/SB/21 (08-00)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

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|---|-----------------------------|-------------------------------|-----------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 08/698,204 | |
| | Filing Date | August 14, 1996 | |
| | First Named Inventor | Toshimitsu KONUMA et al. | |
| | Group Art Unit | 2871 | |
| | Examiner Name | K. Parker | |
| Total Number of Pages in This Submission | | Attorney Docket Number | 0756-1553 |

ENCLOSURES (check all that apply)

| | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosures 1. 2. 3. 4. 5. 6. |
| Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2280 for the above identified docket number. | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|--------------------------------|--|
| Firm or Individual name | Eric J. Robinson, Reg. No. 38,285 Robinson Intellectual Property Law Office, P.C. PMB 955 21010 Southbank Street Potomac Falls, VA 20165 |
| Signature | |
| Date | January 6, 2005 |

CERTIFICATE OF MAILING

| | | | |
|---|-----------------|-------------|-----------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below. | | | |
| Type or printed name | Rose M. Fichtel | | |
| Signature | | Date | January 6, 2005 |

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Attorney Docket No. 0756-1553

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Toshimitsu KONUMA et al.
Serial No. 08/698,204
Filed: August 14, 1996
For: ELECTRO-OPTICAL DEVICE

-) Group Art Unit: 2871
-) Examiner: K. Parker
-) CERTIFICATE OF MAILING
-) I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class
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Rose Fitch

AMENDMENT

Honorable Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Official Action dated October 6, 2004, please consider the following amendments and remarks in connection with the above-identified application.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 12 of this paper.